



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR F  
UNITED STATES PATENT AND TRADEMARK (C)  
WASHINGTON, D.C.  
WWW.USPTO.GOV



Bib Data Sheet

CONFIRMATION NO. 4

<b>SERIAL NUMBER</b> 09/021,660	<b>FILING DATE</b> 02/10/1998 <b>RULE</b>	<b>CLASS</b>	<b>GROUP ART UNIT</b> 1646	<b>ATTORNEY DOCKET NO.</b> 1874/110
------------------------------------	---	--------------	-------------------------------	--

## APPLICANTS

MARGARET H. BARON, CAMBRIDGE, MA;  
SARAH M. FARRINGTON, CAMBRIDGE, MA;  
MARIA BELAOUSSOFF, CAMBRIDGE, MA;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE  
GRANTED \*\* 04/20/1998

\*\* SMALL ENTITY \*\*

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 21	<b>TOTAL CLAIMS</b> 56	<b>INDEPENDENT CLAIMS</b> 7
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

## ADDRESS

28120

## TITLE

METHODS FOR MODULATING HEMATOPOIESIS AND VASCULAR GROWTH

<b>FILING FEE RECEIVED</b> 1038	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other *
		<input type="checkbox"/> Credit

Best Available Copy



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER OF PATENTS AND TRADEMARKS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 4751

<b>SERIAL NUMBER</b> 09/021,660	<b>FILING DATE</b> 02/10/1998 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1647	<b>ATTORNEY DOCKET NO.</b> 1874/110
<b>APPLICANTS</b> MARGARET H. BARON, <sup>New York NY</sup> CAMBRIDGE, MA; SARAH M. FARRINGTON, CAMBRIDGE, MA; MARIA BELAOUSSOFF, CAMBRIDGE, MA;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/049,763 06/16/1997 and claims benefit of 60/037,513 02/10/1997				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 04/20/1998</b>				
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> MA NY	<b>SHEETS DRAWING</b> 21	<b>TOTAL CLAIMS</b> 56
<b>INDEPENDENT CLAIMS</b> 7				
<b>ADDRESS</b> 28120				
<b>TITLE</b> METHODS OF USING HEDGEHOG PROTEINS TO MODULATE HEMATOPOIESIS AND VASCULAR GROWTH				
<b>FILING FEE RECEIVED</b> 1038	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

Best Available Copy

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
0/021,660	02/10/98	435	1636	1877-110

APPLICANT

MARGARET H. BARON, CAMBRIDGE, MA; SARAH M. FARRINGTON, CAMBRIDGE, MA;  
 MARIA BELAUSOFF, CAMBRIDGE, MA.

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***  
 VERIFIED

cu

provisional, APPL  
 " "

60/049,763  
 60/037,513

09/09/97  
 02/10/97

8/26/98  
 2/24/99  
 Revised

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***  
 VERIFIED

cu

NONE

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***  
 VERIFIED

cu

NONE

Best Available Copy

FOREIGN FILING LICENSE GRANTED 04/20/98

~~\*\*\*\*\* OFFICE ENTITY \*\*\*\*\*~~

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Met after Allowance	STATE OR COUNTRY MA	SHEETS DRAWING 21	TOTAL CLAIMS 56	INDEPENDENT CLAIMS 7
Verified and Acknowledged			Examiner's Initials	Initials		

ADDRESS  
 HARRIET M STRIMPEL  
 BROMBERG & SUNSTEIN LLP  
 125 SUMMER STREET  
 BOSTON MA 02110

#116

The Patent Group  
 Foley, Hoag, & Eliot, LLP  
 One Post Office Square  
 Boston, MA 02109

TITLE  
 METHODS FOR MODULATING HEMATOPOIESIS AND VASCULAR GROWTH

FILING FEE RECEIVED  \$1,020	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext.) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
------------------------------------	---	---